

FILED MAY 20 1944 818

Primary Registration District No. 1003

Registrar's No. 4369

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo.
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

Catherine Cossman

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Female

5. Color or
race White

6. (a) Single, widowed, married,
Divorced Singled

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 1881 years
(Day) (Year)

7. Birth date of deceased Dec.
(Month)

6
(Day)

1881
(Year)

8. AGE:

Years

Months

Days

If less than one day

62

5

4

hr.

min.

9. Birthplace St. Louis,
(City, town, or county)

Missouri
(State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Frank G. Cossman

13. Birthplace Germany
(City, town, or county)

4
(State or foreign country)

14. Maiden name Christine Seeger

15. Birthplace Alsace-Lorraine
(City, town, or county)

8
(State or foreign country)

16. (a) Informant Christine Eichelsbach

(b) Address 6380 Devonshire

17. (a) Burial

(b) Date thereof 5/13/44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Gebken & Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) May

(b) J. J. Breda

(Date received by Registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th
year 1944 hour 8 minute 25P M.

21. I hereby certify that I attended the deceased from
_____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Left Leg
Pulmonary Artery Thrombosis
when she slipped and fell to the
floor of the dining room at
the little sister of the poor home
Due to 3400 So. Grand Ave 3-18-44
about 10:20 am

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000
(b) Date of occurrence 3-18-44
(c) Where did injury occur? St. Louis Ma
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

While at work?

(Specify type of place)

13. Signature Alfred J. Green (M. D. or other)
Address 1414 Date signed 5/14/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4249

P. O. Address: 2842 Meramec St.

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.